



## ASPAN: Mosby's Orientation to Perianesthesia Nursing



Clinical eLearning

ASPAN: Mosby's  
Orientation to  
Perianesthesia  
Nursing

ELSEVIER

# ASPAN: Mosby's Orientation to Perianesthesia Nursing

American Society of PeriAnesthesia Nurses (ASPAN) and Mosby have co-developed the **ASPAN: Mosby's Orientation to Perianesthesia Nursing** course which aligns with ASPAN's core curriculum and competency based orientation model and is designed to bring ASPAN's subject matter expertise into an online, interactive eLearning experience.

- 35 Lessons- 29 Adult & 6 Pediatric
- 31 Contact hours- (Elsevier is the provider)
- Assessment Test- 100 Question-(Adult) 130 Question Assessment Test(Adult & Peds) with Remediation
- Case Studies- Using critical thinking skills to apply knowledge to real-life scenarios
- Preceptor Exercises
- Certification Resource- Certified Ambulatory PeriAnesthesia Nurse(CAPA) & Certified Post PeriAnesthesia Nurse(CPAN)
- TJC requirements- Perianesthesia Competencies & Phase 1, 2 & 3 Postanesthesia Competencies
- Annual Competencies- Moderate Sedation and Malignant Hyperthermia
- Updated every 2 years
- LMS Integration

**Our customers are using the ASPAN course to provide orientation & continuing education in these nursing specialties:**

- PACU, Cath Lab, L/D, Pre-Op, Phase 2, Procedural, Critical Care, SICU (Surgical Intensive Care Unit), CCU (Coronary Care Unit or Post-Open Heart, NICU (Neuro Intensive Care Unit) Cardiac Recovery, MedSurg, ED, Pediatric Inpatient



## ASPAN: Mosby's Orientation to Perianesthesia Nursing- Lesson Titles with CE's

Lesson Title	Contact Hours
ASPAN Standards	0.75
Central Nervous System Complications	1.25
Discharge Readiness	0.75
Evidence-based Practice and Research in Perianesthesia Nursing	0.75
General Anesthesia Part II: Muscle Relaxants and Reversals	1
General Anesthesia: Inhalation and Induction Agents	1
Hemodynamics, Fluids, and Electrolytes	1.25
Introduction to ASPAN: Mosby's Orientation to Perianesthesia Nursing- no CE	0
Legal Implications in Perianesthesia Nursing	0.75
Moderate Sedation	1
Pain and Comfort I: Treatment and Management of Acute Pain	1
Pain and Comfort II: Age and Cultural Considerations, Chronic Pain, and Alternative Pain Therapies	1
Pediatric Anesthesia: General Anesthesia	1
Pediatric Anesthesia: Regional Anesthesia	1
Pediatric Pain and Comfort	0.75
Pediatric Patient Education and Discharge Readiness	0.75
Pediatric Perianesthesia Complications	1.0
Pediatric Perianesthesia Patients	0.75
Perianesthesia Care Across the Lifespan	0.75
Perianesthesia Ethics and Safety	0.75
Postoperative Nausea and Vomiting	0.75

Lesson Title	Contact Hours
Preanesthesia Care: Day of Procedure	0.75
Preanesthesia Care: From Scheduling to Day of Procedure	0.75
Procedures and Interventions	1
Professional Practice	0.75
Quality Care in Perianesthesia Nursing	0.75
Regional Anesthesia: Epidural	1.25
Regional Anesthesia: Peripheral Nerve Blocks & Local Anesthetics	1
Regional Anesthesia: Spinal	1.25
Respiratory Complications: Compromised Airway and Ventilation	1
Respiratory Complications: Respiratory and Airway Concepts	1
Special Populations II: Perinatal, Developmentally Challenged, Transcultural, and Transgender Patients	0.75
Special Populations: Bariatric Patients and Patients with Substance Use Disorders	0.75
Thermoregulation and Malignant Hyperthermia	1
Trauma Care	1
<b>Total Contact Hours</b>	<b>31</b>

## ASPAN: Mosby's Orientation to Perianesthesia Nursing- Lesson Crosswalk

Lesson Title	Critical Care Units	Med-Surg Units*	L&D/OB	ED	Procedural Areas**	Pediatric Inpatient
General Anesthesia: Inhalation and Induction Agents	X		X		X	
General Anesthesia: Muscle Relaxants and Reversals	X		X		X	
Moderate Sedation	X			X	X	
Thermoregulation and Malignant Hyperthermia	X	X	X	X	X	X
Postoperative Nausea and Vomiting	X	X	X		X	X
Regional Anesthesia: Spinal	X	X	X			
Regional Anesthesia: Epidural	X	X	X			
Regional Anesthesia: Peripheral Nerve Blocks and Local Anesthetics				X	X	
Central Nervous System Complications	X	X				
Respiratory Complications: Respiratory and Airway Concepts	X	X	X	X	X	
Respiratory Complications: Compromised Airway and Ventilation	X	X	X	X	X	
Hemodynamics, Fluids, and Electrolytes	X	X	X	X	X	X
Special Populations: Bariatric Patients and Patients with Substance Use Disorders	X	X		X	X	
Special Populations: Perinatal, Developmental, Cultural, and Transgender Considerations	X	X	X	X	X	

## Satisfying The Joint Commission Requirement's for Perianesthesia with: ASPAN: Mosby's Orientation to Perianesthesia Nursing course

### **Practice Recommendation 4- Competencies for the Perianesthesia RN**

#### **Perianesthesia Competencies**

Cardiac rhythm recognition  
Preoperative teaching  
Medications  
Day of Surgery/Procedure Preparation  
Sedation/Analgesia: assessment, administration and monitoring  
Malignant Hyperthermia  
Thermoregulation  
Anesthetic Agents and Adjuncts  
Postoperative nausea and vomiting (PONV): assessment, reassessment, intervention and monitoring  
Pain assessment, reassessment, intervention and monitoring  
Comfort assessment and management  
Age specific care  
Critical thinking, reasoning and analysis

#### **Phase 1, 2 & 3 Postanesthesia Competencies**

Airway Management  
Respiratory and ventilatory management, including non-invasive positive pressure ventilation  
Anesthetic Agents and Adjuncts  
Cardiac Rhythm Recognition  
Malignant Hyperthermia (MH)  
Sedation/Analgesia: assessment, administration and monitoring  
Pain and comfort: assessment, reassessment, intervention and monitoring  
PONV/post discharge nausea and vomiting (PDNV): assessment, intervention and monitoring  
Thermoregulation  
Hemodynamic monitoring and interpretation  
Surgery/procedure- specific care, to include assessments, potential complications and interventions  
Age specific care  
Critical thinking, reasoning and analysis

#### **ASPAN Lessons associated with these competencies listed above to satisfy TJC requirements**

Discharge Readiness  
Hemodynamics, Fluids, and Electrolytes  
Pain and Comfort I: Treatment and Management of Acute Pain  
Pain and Comfort II: Age and Cultural Considerations, Chronic Pain, and Alternative Pain Therapies  
Pediatric Pain and Comfort  
Pediatric Patient Education and Discharge Readiness  
Perianesthesia Ethics and Safety  
Postoperative Nausea and Vomiting  
Preanesthesia Care: From Scheduling to Day of Procedure  
Procedures and Interventions  
Regional Anesthesia: Epidural  
Regional Anesthesia: Peripheral Nerve Blocks & Local Anesthetics  
Regional Anesthesia: Spinal  
Respiratory Complications: Compromised Airway and Ventilation  
Respiratory Complications: Respiratory and Airway Concepts  
Thermoregulation and Malignant Hyperthermia





## ASPAN: Mosby's Orientation to Perianesthesia Nursing

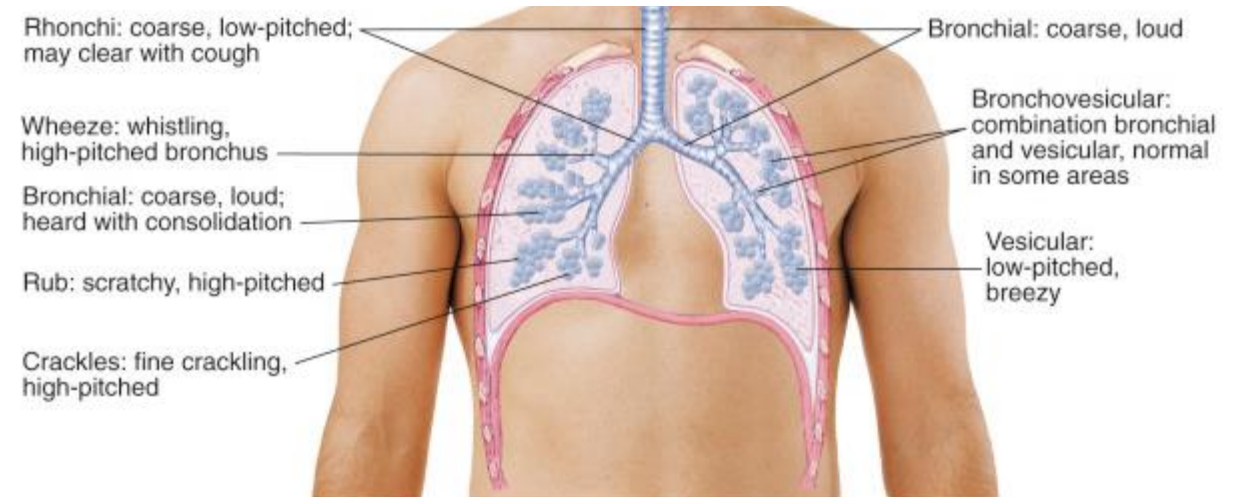
### **Key Points/Considerations**

- **100 and 130 question knowledge assessment tests** for both adult and pediatric patients. Assessment tests identify knowledge gaps for each individual nurse (experienced or new) and create a map to relevant lessons. The result is a customized curriculum for each nurse based on test performance. This helps save time and money from a clinical education standpoint, shortens didactic time, and improves orientation efficiency.
- **Resource for CAPA and CPAN certification** to aide in Magnet certification. This course will improve and encourage certifications and re-certifications depending on usage and other supporting ASPAN requirements that can be found:  
Eligibility Requirements- <https://cpancapa.org/certification/eligibility/>  
Study Tools- <https://cpancapa.org/resources/study-tools/>
- **31 continuing education hours** available.
- **Case Studies** in each lesson to test and develop critical thinking skills and test the applicable knowledge your nurses need in order to practice at the top of their license
- **Preceptor exercises and questions** in each lesson to facilitate discussions about your health systems specific policies and procedures. Encourages and strengthens the preceptor/learner relationship.
- **Help with TJC/HFAP annual competencies and orientation requirements/surveys** with electronically stored reports allowing for ease of access for compliance purposes.
- **Unlimited seats and usage for the ASPAN course** allows for more than just the PACU nurse to utilize the course. For example, our customers are using the course in areas such as, but not limited to: PACU, Cath Lab, L/D, Pre-Op, Phase 2, Procedural, Critical Care, SICU (Surgical Intensive Care Unit), CCU (Coronary Care Unit or Post-Open Heart, NICU (Neuro Intensive Care Unit) Cardiac Recovery, MedSurg, ED, Pediatric Inpatient



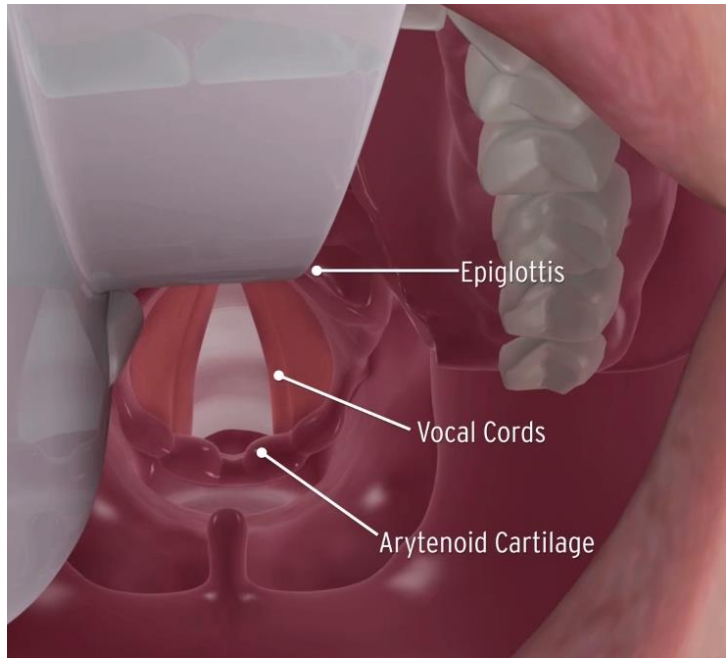
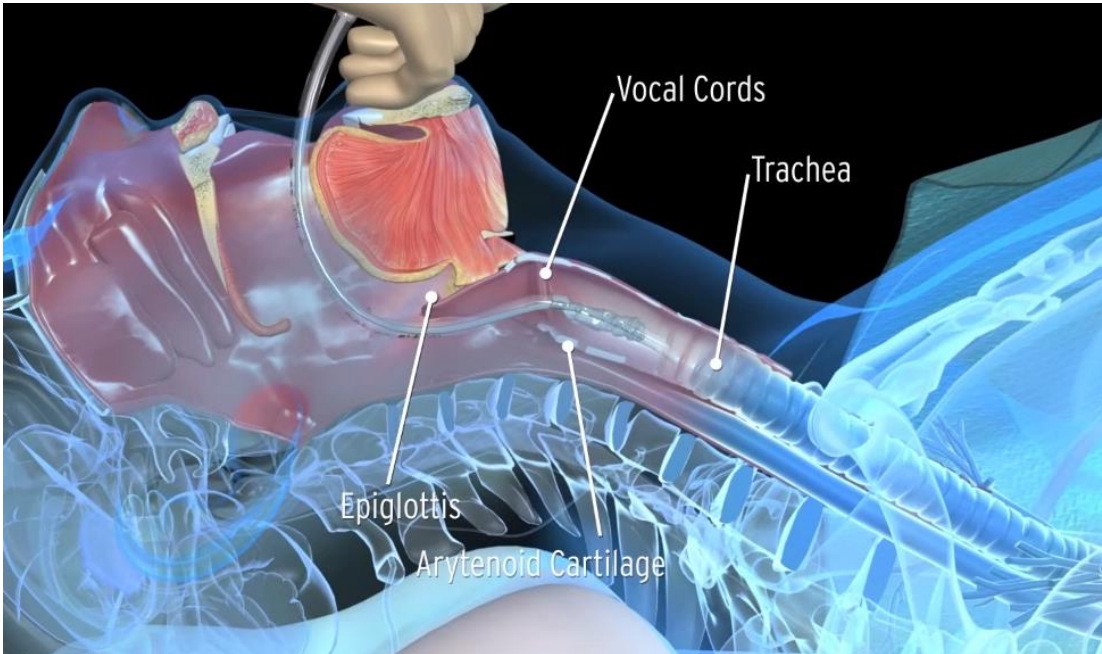
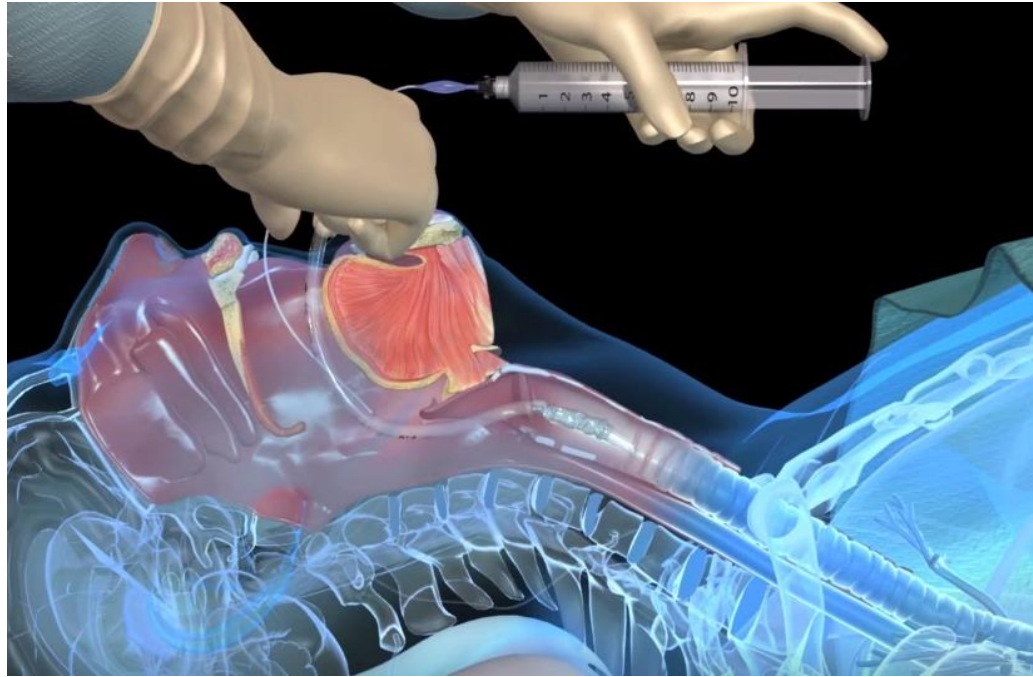
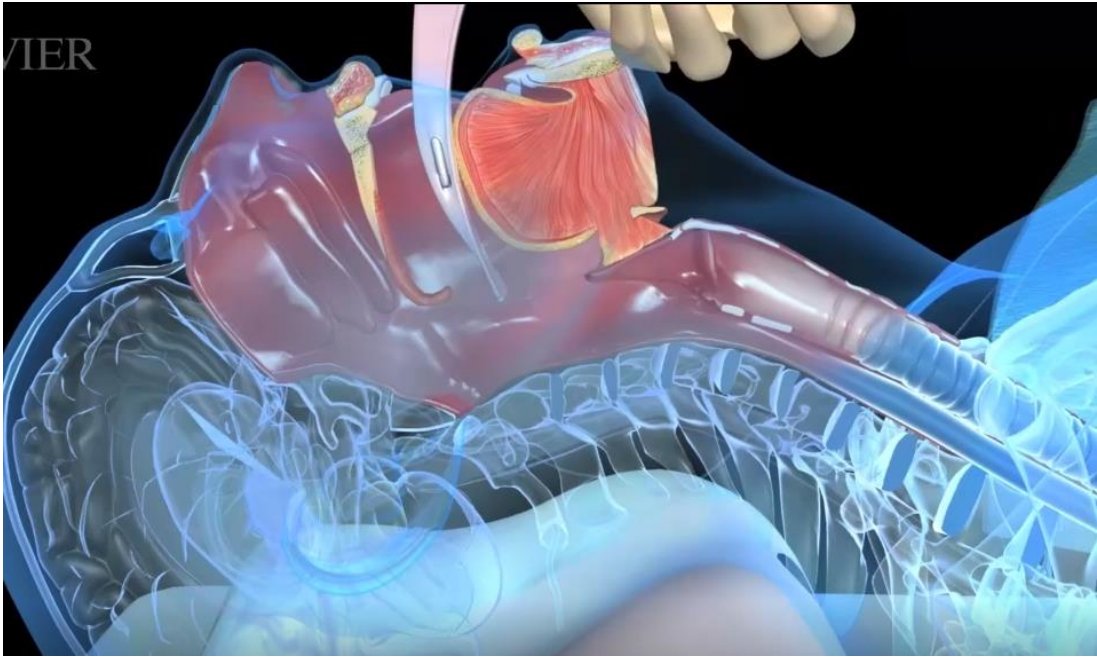
## ASPAN: Respiratory Complications: Respiratory and Airway Concepts

<b>Normal Sounds</b>	Clear lungs produce normal breath sounds with no extraneous sounds. Breathing is easy and effortless.
<b>Crackles</b>	Sometimes called rales, crackles are short, discrete, popping or crackling sounds. They commonly occur in patients with heart failure, pneumonia, pulmonary edema, or atelectasis. Crackles can be fine or coarse. Fine crackles result from air entering the smaller distal bronchi; coarse crackles originate in the larger bronchi.
<b>Rhonchi</b>	Rhonchi are coarse, rumbling, low-pitched breath sounds. They commonly affect patients with pneumonia, asthma, bronchitis, or bronchospasm. Rhonchi are typically caused by mucus and cleared with coughing or manual suctioning.
<b>Wheezes</b>	Wheezes are high-pitched squeaking sounds that resemble a whistle. They commonly accompany asthma or bronchospasm. Wheezes can be high-pitched or low-pitched sounds and have a musical quality.
<b>Pleural Friction Rub</b>	A pleural friction rub is a dry, coarse, creaking noise that sounds leathery. It commonly occurs in patients with pleural effusion or pleurisy. Rubs are heard at the end of inspiration and are caused by the grating or scraping of inflamed parietal and visceral surfaces of the pleura against each other.
<b>Absent or Diminished Sounds</b>	Absent or diminished breath sounds occur when little or no airflow occurs in a specific portion or segment of the lung. They can indicate a pneumothorax or an obstruction.



This image show locations to auscultate breath sounds.

ASPAN: Mosby's Orientation to Perianesthesia Nursing- ET Tube Video Screen Shots





## ASPAN: Mosby's Orientation to Perianesthesia Nursing- Case Study(Airway Management)

Ms. Robinson, age 56, is admitted to the postanesthesia care unit(PACU) after laparoscopic cholecystectomy. She is healthy, except for a history of gallstones and gastroesophageal reflux. Ms. Robinson has no allergies, and her daily medications only include multivitamin. After giving you the report, the anesthesia provider steps away to take a phone call. When assessing Ms. Robinson's respirations, you note that she is snoring, with a respiratory rate of 6 breaths /min. Her respirations are shallow, and she responds to your voice by opening her eyes briefly.



Portrait of Ms. Robinson

### Case Study Questions

#### Question 1 of 4

What is your priority nursing intervention?

- Stimulate Ms. Robinson by using the stir-up regimen.
- Prepare Ms. Robinson for reintubation.
- Recount the respirations for an additional 30 seconds.

#### Question 4 of 4

About 30 minutes after reintubation, Ms. Robinson is more awake and breathing spontaneously. Which action is most appropriate?

- Request a chest x-ray to determine if the ET tube is in the correct location
- Consult your unit's policies and procedures to determine extubation criteria.
- Remove the ET tube and provide supplemental oxygen.

#### Question 2 of 4

Ms. Robinson's respirations increase to 10 breaths/min, but she continues to snore. She now awakens and verbally responds to voice instructions but easily drifts back to sleep. You recognize the need for an airway adjunct. Which device is most appropriate for this patient?

- Endotracheal (ET) tube
- Oropharyngeal airway
- Nasopharyngeal airway

#### Question 3 of 4

Ms. Robinson's respiration rate continues to decrease, and you cannot detect chest movement. What is your priority nursing intervention?

- Remove the nasopharyngeal airway and insert an oropharyngeal airway.
- Insert a laryngeal mask airway (LMA).
- Prepare to deliver bag-mask ventilations and reintubation.

# ASPAN: Mosby's Orientation to Perianesthesia Nursing- Preceptor Exercise

## ☰ Preceptor Exercise



A preceptor explains unit-specific information to the orienting nurse.  
Media Credit

Discuss the following questions with your preceptor:

- What processes do we use to communicate respiratory complications to the anesthesia provider?
- Are oxygen administration protocols used on our unit?
- What is the policy on the use of chemical or mechanical restraints for intubated patients?
- What criteria does the unit use to determine extubation readiness?
- Who in the unit is authorized to remove an endotracheal (ET) tube?
- Do we instruct patients with obstructive sleep apnea (OSA) to bring in their own mask or continuous positive airway pressure (CPAP) machine from home? If so, who is responsible for setting up the machine?
- What elements of multimodal therapy does the unit employ to reduce opioid use?
- What is our organization's policy on caring for patients with respiratory infectious diseases?